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A Power	of Attor	mey is submitted he	rewith.							
OR										
X Thereby appoint the practitioners associated with the					Customer Number 8685					
X Please ch	ange th	e correspondence	address for the	above-	identifie	d applica	tion to:			
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I am the Applican	Vloven	tor.								
Assignee Statemen	of rec	ord of the entire inte 37 CFR 3.73(b) is	rest. See 37 CF enclosed. (Form	R 3.7	1. SB/96)					
		SIGNATUR	E of Applicant	or Ass	ignee o	of Record	i	_		
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NOTE: Signetures of all signature is required, se	the rivent e below	ors or assignees of record o	De entire interest or	heir repri	sortative(s) are require	d Submit	mutição l	orms of more than o	**
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